

Case Number:	CM15-0223710		
Date Assigned:	11/19/2015	Date of Injury:	08/21/1987
Decision Date:	12/30/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New
 York Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female with a date of injury on 08-21-1987. The injured worker is undergoing treatment for post laminectomy syndrome. A physician note dated 05-08-2015 documents the injured worker felt the Buprenorphine sub was not as helpful. Buprenorphine sub was stopped and the injured worker was started on Morphine. The Morphine has not given her pain relief and caused side effects. Morphine was discontinued and she was restarted on Buprenorphine sub. A physician note dated 06-05-2015 documents the injured worker has continued pain but it is much better now that she is back taking Buprenorphine sub. She was unable to tolerate Morphine. Her pain is rated 8 out of 10 without medications on the Visual Analog Scale and with medications her pain is 4 out of 10. A physician progress note dated 11-02-2015 documents the injured worker complains of chronic low back pain with pain rated 10 out of 10 without medications and 4 out of 10 with medications. She has continued residual pain radiating down the right lower extremity. She reports that without her medications she is only able to walk a few minutes and rest. With her meds, she can walk for 10 minutes. She complains of anxiety and depression and has balance problems, poor concentration, numbness and weakness. Sensation is decreased in the L3, L4, and right L5 and S1 dermatomes. Straight leg raise is positive on the right. There is spasm and guarding noted in the lumbar spine and she has right paraspinous lumbar triggering. She has an altered gait. A Spinal Stimulator was discussed but the injured worker does not wish to have any further invasive procedures and would like to try to stay conservative with her treatment. Her medications help with pain and function. She has tried weaning off Buprenorphine in the past and she had less function and

more pain, and she was not able to perform ADLs. Treatment to date has included diagnostic studies, medications, multiple back surgeries, psychology sessions, use of a Transcutaneous Electrical Nerve Stimulation unit, a Functional Restoration Program, physical therapy and a home exercise program. A urine drug screen done on 09-17-2015 was consistent. Current medications include Buprenorphine sub (since at least 2011), Cymbalta, Flexeril, and Gabapentin. On 11-09-2015, Utilization Review modified the request for Buprenorphine sub 2mg 1/2 tab #45 to Buprenorphine sub 2mg 1/2 tab #40 for taper.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Buprenorphine sub 2mg 1/2 tab #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Buprenorphine (Butrans).

Decision rationale: Pursuant to the Official Disability Guidelines, Buprenorphine (Butrans) sub 2mg, one-half tablet TID, #45 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are post laminectomy syndrome, NEC. Date of injury is August 21, 1987. Request for authorization is November 4, 2015. The injury is 28 years old. The utilization reviewer had a peer-to-peer conference with the treating provider on November 9, 2015. The treating provider prescribed Butrans as far back as December 2014. The treating provider attempted a trial of morphine sulfate to replace the Butrans. The Butrans was reduced to #45 per month. According to November 2, 2015 progress note; the injured worker has ongoing chronic low back pain. Pain score ranges from 10/10 to 4/10 with medication. Objectively, there is the sensation L3-S1, positive straight leg raising on the right, specimen guarding at the lumbar spine corresponding muscles and positive trigger points. Additional medications include Cymbalta, gabapentin and cyclobenzaprine. There is no documentation of failure using Cymbalta and gabapentin. The morphine equivalent dose (MED) is 240. Up to 120 is normal. There are no peer-reviewed controlled trials as evidence to support the use of buprenorphine other for addiction plus pain. Although the injured worker has a long list of failed opiate treatments, the MED is twice the normal. Treatment is continued for 12 months. There is no documentation demonstrating objective functional improvement. There were no detailed pain assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failure using anticonvulsants, an MED 240 (twice the normal) and no documentation demonstrating objective functional improvement, Buprenorphine (Butrans) sub 2mg, one-half tablet TID, #45 is not medically necessary.